

215050870
72737

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

2	Total Number of Vehicles	Local No./ District 200	Agency Case No. B5-112823	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/05/2015		(In Military Time) TIME OF ACCIDENT 1906		STATE USE ONLY 12/05/2015								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1907	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
B 49	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Hwy 2--Pine Lake/S. 84th		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE									
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 2	LONGITUDE									
D 2	IF AT INTERSECTION		IF NOT AT INTERSECTION											
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING								
		140.00		X S. 84th										
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN									
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
VEHICLE NO. 1														
F 1	DRIVER LICENSE NO.	H12508526			STATE (Of License)	NE								
V1/N 2	DRIVER	DENIS W WELSH			PHONE	402-261-9991								
V2/N 3	DRIVER ADDRESS	CITY, STATE, ZIP 6411 CONCORD CIR, LINCOLN, NE 68516			DATE OF BIRTH (MM / DD / YYYY)	08/17/1965								
G 4	OWNER	DENIS W WELSH			PHONE	402-261-9991								
V1/O 4	OWNER ADDRESS	CITY, STATE, ZIP 6411 Concord Cir., Lincoln, NE 68516			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB494588								
H 2	LICENSE PLATE	PA NO.	TMH423	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE							
V1/O 4	VEHICLE	YEAR	2014	MAKE	Ford	MODEL	Fusion							
V2/O 4	VEHICLE ID NO. (VIN)	3FA6P0LU9ER398746			BODY STYLE	4 door Sedan	COLOR	gray						
					ESTIMATED DAMAGE	<input checked="" type="radio"/> TOTALED \$								
					INSURANCE COMPANY	State Farm								
					POLICY NO.	010 4377-F26-27D								
VEHICLE NO. 2														
I 1	DRIVER LICENSE NO.	H13468214			STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE						
V1/P 1	DRIVER	JAMES R KESTER			PHONE	913-484-2582	LOCAL NO.							
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 1625 SW 14TH ST, LINCOLN, NE 68522			DATE OF BIRTH (MM / DD / YYYY)	07/23/1975								
J 01	OWNER	HEATHER J KESTER / RONALD E KESTER			PHONE	913-484-2582	LOCAL NO.	8-26-79						
V1/Q 1	OWNER ADDRESS	CITY, STATE, ZIP 1625 SW 14th, Lincoln, NE 68522			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.								
V2/Q 1	LICENSE PLATE	PA NO.	SNM927	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE							
V1/O 1	VEHICLE	YEAR	2009	MAKE	Dodge	MODEL	Caravan	BODY STYLE	Mini van					
V2/O 01	VEHICLE ID NO. (VIN)	2D8HN541X9R569429			COLOR	silver / chrome		ESTIMATED DAMAGE	<input checked="" type="radio"/> TOTALED \$					
					INSURANCE COMPANY	Farmers								
					POLICY NO.	194326078								
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS						08/17/1965		01	1	05	4	1	M
1	DENIS W WELSH 6411 Concord Ct., Lincoln, NE 68516													
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS						07/23/1975		01	1	05	4	2	M
2	JAMES R KESTER 1625 SW 14th, Lincoln, NE 68522													
		LOCAL NO.		MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue		EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS						08/26/1979		03	1	01	4	2	F
2	Heather J Kester 1625 SW 14th, Lincoln, NE 68522													
		LOCAL NO.		MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue		EMS RUN REPORT NO.						

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112823



Indicate
North
by Arrow

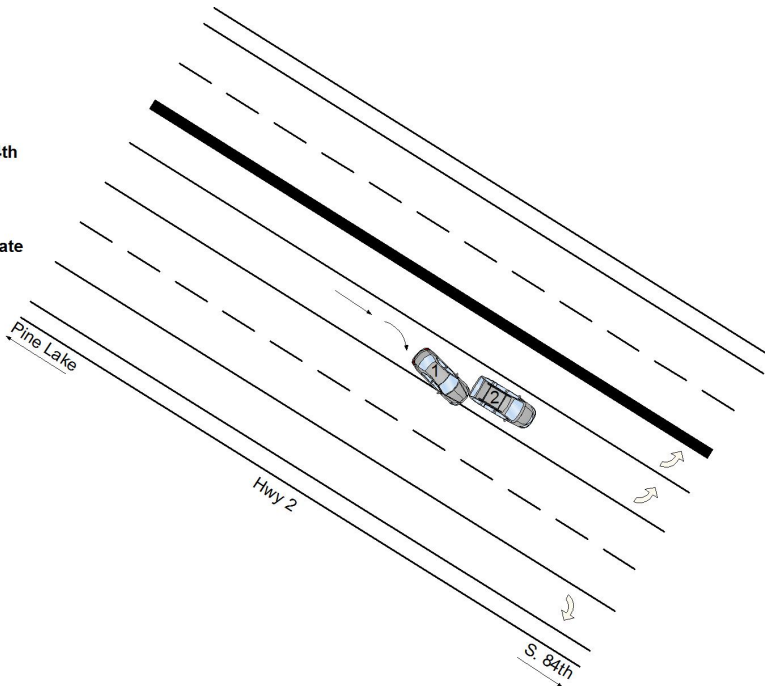


POI

**51' N of S curb on Hwy 2
140' W of W curb on S. 84th**

**Street Width
Hwy 2--128'**

**Measurements Approximate
Not To Scale**



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicles 1 and 2 were eastbound on Hwy 2 between Pine Lake and S 84th in the outside left turn lane. Driver 1 described that the left turn traffic signal ahead had turned red and he decided to switch lanes into the inside through lane. Driver 1 described that traffic in front of him stopped sooner than anticipated and he collided with vehicle 2 as he was changing lanes. Driver 2 described that he had just come to a stop when he was struck from behind by vehicle 1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	3	VEH 2	4	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian		
1			X		Hwy 2				POINT OF IMPACT	08	POINT OF IMPACT	04	1	5	2	2	Y	Y	Y
2			X		Hwy 2				POINT OF IMPACT	08	POINT OF IMPACT	04	1		2		N	X	N
1	03	06 Turning left			MOST DAMAGED AREA		08	MOST DAMAGED AREA		04	1 Deployed - front		1 None used - vehicle occupant		BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED		
2	11	08 Entering traffic lane			MOST DAMAGED AREA		08	MOST DAMAGED AREA		04	2 Deployed - side		2 Lap & shoulder belt used		1		1		
01 Essentially straight ahead					09 Leaving traffic lane		02		03		3 Deployed - both front/side		3 Shoulder belt only used		2		2		
02 Backing					10 Parked		01		05		4 Not deployed		4 Lap belt only used		3		3		
03 Changing lanes					11 Slowing or stopped in traffic		08		07		5 Not applicable/ No airbag available		5 Child safety seat used		4		4		
04 Overtaking/ Passing					12 Other		06		06		6 Unknown		6 Child booster seat used		5		5		
05 Turning right					13 Unknown						VEHICLE 2		7 DOT approved helmet used		6		6		
											VEHICLE 2		8 Costume helmet used		7		7		
											VEHICLE 2		9 Restraint use unknown		8		8		
OFFICER NO. 1549					TROOP/ TEAM/ BEAT 5				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
INVESTIGATOR NAME (Print or Type) Michael Wambold					INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold					DATE OF REPORT 12/05/2015									

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

200

Agency
Case
No.

B5-112823

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

12/05/2015

PLACE
OF
ACCIDENT
CITY

COUNTY

Lancaster

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Hwy 2--Pine Lake/S. 84th

VEH. #	VEHICLE NO.										VEH. #
	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER					PHONE			LOCAL NO.		
N	DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
O	OWNER					PHONE			LOCAL NO.		
P	OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING		CITATION NO.
Q	LICENSE PLATE NO.		YEAR		MAKE		MODEL		BODY STYLE		COLOR
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR
	VEHICLE ID NO. (VIN)						INSURANCE COMPANY				ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	TOWED TO				TOWED BY				POLICY NO.		

VEH. #	VEHICLE NO.										VEH. #
	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER					PHONE			LOCAL NO.		
N	DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
O	OWNER					PHONE			LOCAL NO.		
P	OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING		CITATION NO.
Q	LICENSE PLATE NO.		YEAR		MAKE		MODEL		BODY STYLE		COLOR
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR
	VEHICLE ID NO. (VIN)						INSURANCE COMPANY				ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	TOWED TO				TOWED BY				POLICY NO.		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH		VEH									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				-				-				ALCOHOL TESTING		Driver No.		Driver No.	
									POINT OF IMPACT				POINT OF IMPACT												ALCOHOL LEVEL TESTED		Y		Y	
									MOST DAMAGED AREA				MOST DAMAGED AREA												BAC LEVEL					
					06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 05 06 07 08				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL/ DRUGS SUSPECTED		Driver No.		Driver No.	
					01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right				01 02 03 04 05 06 07 08				VEHICLE				VEHICLE				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown									

Complete this section for all injured persons

DATE OF BIRTH
(MM / DD / YYYY)

VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
2	Jacob J Kester		1625 SW 14th, Lincoln, NE 68522		09/12/2003		07	1	05	4	2	M
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
			BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue							
VEH. #	NAME		ADDRESS									
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME		ADDRESS									
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-112823

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1549		TROOP/ TEAM/ BEAT 5		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Michael Wambold			INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold		DATE OF REPORT 12/05/2015